

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:
091980, 943
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/				51					
2		1			52					
3		2			53					
4		④2			54					
5		2④			55					
6	1				56					
7		1			57					
8		2			58					
9		④2			59					
10		2④			60					
11		1			61					
12		1			62					
13		1			63					
14		1			64					
15		1			65					
16		1			66					
17		1			67					
18		1			68					
19					69					
20					70					
21					71					
22					72					
23					73					
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36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	2				TOTAL IND.					
TOTAL DEP.	22	→	↓	→	TOTAL DEP.	→	↓	→	↓	→
TOTAL CLAIMS	24	■■■■	■■■■	■■■■	TOTAL CLAIMS	■■■■	■■■■	■■■■	■■■■	■■■■